



**United States Attorney's Office
Eastern District of Michigan**

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PRESS RELEASE

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**DETROIT MEDICARE FRAUD STRIKE FORCE CHARGES 11 INDIVIDUALS
IN ONGOING FIGHT AGAINST HEALTH CARE FRAUD**

Eleven people have been charged for their alleged participation in schemes to collectively submit more than \$35 million in false claims to the Medicare program in the continuing operation of the Detroit Medicare Fraud Strike Force, announced United States Attorney Barbara L. McQuade.

Ms. McQuade was joined in the announcement by Special Agent in Charge Andrew G. Arena, Federal Bureau of Investigation, Special Agent in Charge Lamont Pugh, Department of Health and Human Services - Office of Inspector General (HHS), Special Agent in Charge Robert Corso, Drug Enforcement Administration and Special Agent in Charge Maurice Aouate, Internal Revenue Service, Criminal Investigation.

Today's operation is the third health care fraud takedown since the Detroit Medicare Fraud Strike Force operations began in May 2009.

Charges were unsealed today against 11 additional individuals who are accused of various Medicare fraud-related offenses, including conspiracy to defraud the Medicare program, conspiracy to pay or receive kickbacks and money laundering. The charges are based on a variety of fraud schemes, including home health care, infusion, and medically unnecessary testing schemes. Eight of the defendants charged in these schemes have been arrested in Detroit and three in the Miami area.

According to the court documents, the defendants charged today participated in schemes to submit claims to Medicare for treatments that were medically unnecessary and oftentimes, never provided. In each case, the indictments allege that beneficiaries accepted cash kickbacks in return for allowing providers to submit forms saying they

had received the treatments that, in reality, were unnecessary or never provided.

United States Attorney Barbara L. McQuade stated, "As the nation struggles to provide affordable health care to our citizens, we must insure that we don't let providers get away with stealing from the taxpayers. We want health care providers to know that we are paying attention to billing records, and that abuses will be aggressively prosecuted. We hope that our recent successes and continued efforts will deter others from cheating the health care system."

FBI Special Agent in Charge Arena stated, "As taxpayers, Medicare fraud affects all of us. The FBI, with our law enforcement partners, is committed to aggressively investigating and bringing to justice, those who abuse the health care system."

HHS-OIG Special Agent in Charge Lamont Pugh III stated, "Greed continues to be a motivating factor with respect to these cases. It trumps medical necessity in the minds of those who execute these frauds." "The HHS Office of Inspector General remains steadfast in its commitment to protect the Medicare program as illustrated by today's enforcement actions."

In 2009, President Obama launched the Health Care Fraud Prevention and Enforcement Action Team ("HEAT"), to address waste, fraud and abuse in the health care system. A HEAT Medicare Strike Force has been working out of Detroit since then. To date, the Strike Force has charged 95 defendants in fraud schemes totaling \$92 million.

As a result of the success of the HEAT Strike Force, U.S. Attorney McQuade recently launched a new Health Care Fraud Unit, comprised of six attorneys and two support staff members, to address health care fraud in this community. Last week, the office hosted a health care fraud summit, including the U.S. Attorney's Office for the Eastern and Western Districts of Michigan, federal, state and local law enforcement agencies, and private sector partners, to share information and strategies to combat health care fraud.

Today's charges include *United States v. Hassan Akhtar, et. al*, in which the superseding indictment alleges that two home health agencies, Patient Choice Home Healthcare and All American Home Care, billed Medicare for therapy services that were medically unnecessary or not rendered. The original indictment named 13 individuals, including the owners and managers of the home health agencies, physical therapists who falsified therapy notes, doctors who signed referrals for bogus home health services and recruiters. Nine of the 13 people charged in the original indictment have pled guilty. The superseding indictment adds four more defendants. The clinics are alleged to have billed Medicare approximately \$14,525,000.

In the case of *United States v. Haber et. al. (09-20579)*, the superseding indictment alleges that two clinics, Ritecare, LLC and CompleteHealth, LLC which

merged in June 2008 paid patient recruiters to obtain patients. The owners and employees at the clinics instructed the recruiters to have the patients claim certain false symptoms to justify medically unnecessary tests. The original indictment named six defendants. Three of the defendants in the original indictment have pled guilty. The superseding indictment adds four defendants. The clinics are alleged to have billed Medicare approximately \$11,100,000.

In the case of *United States v. Tasis et al.* the indictment alleges that two of the defendants helped a clinic called Dearborn Medical Rehabilitation Center (DMRC) recruit patients, and one of the defendants helped those two defendants launder money from the scheme. The clinic at issue billed Medicare over \$9.1 million.

Six of the eight defendants have been arrested in Detroit will be appearing in federal court this afternoon to be arraigned on the charges.

An indictment is merely an allegation, and defendants are presumed innocent until and unless proven guilty.

To learn more about the HEAT team, go to: www.stopmedicarefraud.gov

